

SPECIAL FUEL REFUND CLAIM

LICENSED	SPECIAL	FUEL	DISTRIBL	JTORS

(Fire Departments, City, County, State Road Construction and Maintenance Departments, City and County Transit Systems, Federal Government Agencies)

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Fuel Tax Refund

Special Fuel Distributor Name			Permit Number		
Special Fuel Distributor License No.					
REFUND CLAIM PERIOD FROM			то		
I hereby certify that I have paid the special fue the following accounts. Further, the special fue	I tax to my supplier a el covered by this cla	and that aim does	this fuel was sold w not contain any vis	ithout the special fuel tax to ible evidence of dye.	
Name (please print)	Sales Tax (PLEASE	Charged CHECK)	Number of Gallons (Attach Invoices)	Refund Amount	
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
	YES	NO			
TOTAL					
SIGNATURE			DATE		
PRINT NAME			PHONE ()	